

**Wisconsin Department of Regulation & Licensing**  
**Monitoring**  
**Work Report Form**

If you have any questions regarding this report, please contact the Monitor at 608-267-3817.  
Please provide as much detail as possible (use back of page or additional sheets, if necessary).

Employee's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

( ) Full-time ( ) Part-time Number of hours per week: \_\_\_\_\_

Shift: ( ) Days ( ) Evenings ( ) Nights ( ) Rotates

Attendance: Number of days absent the past three months: \_\_\_\_\_  
( ) No pattern of absence ( ) Pattern of absence Describe: \_\_\_\_\_  
Number of days tardy the past three months: \_\_\_\_\_  
( ) No pattern of tardiness ( ) Pattern of tardiness Describe: \_\_\_\_\_

Quality of Work: ( ) Outstanding ( ) Satisfactory ( ) Needs Improvement  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interpersonal relationships with co-workers:  
( ) Very good ( ) Satisfactory ( ) Needs Improvement  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Individual evaluation conference held in past three months? ( ) Yes ( ) No  
Outcome: \_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge has the licensee been in compliance with the terms of his/her  
Order. ( ) Yes ( ) No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge has the licensee been in compliance with the laws and rules  
governing the practice of the profession. ( ) Yes ( ) No  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If employee has an alcohol/drug impairment, please answer these additional questions:**

To the best of your knowledge, do you believe the employee is maintaining abstinence from all mood altering chemicals, including alcohol?      ☐ Yes      ☐ No      ☐ Unsure

If you answered no or unsure, please explain: \_\_\_\_\_

\_\_\_\_\_

Any further comments, questions or problems? (Please attach additional sheets)

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Supervisor and Title

\_\_\_\_\_  
Supervisor's License Number

\_\_\_\_\_  
Supervisor's Place of Employment

\_\_\_\_\_  
Address

(      )  
\_\_\_\_\_  
Phone number

Please feel free to attach any additional information you wish to bring to the Monitor's attention.

Please mail or fax this form every three months to:

**ATTN: Department Monitor**  
**Wisconsin Department of Regulation & Licensing**  
**PO Box 8935**  
**Madison, WI 53708-8935**  
**Fax (608) 266-2264**